35 /		_		
Effective on 12/08/2	2004. Stions Act. 2005 (H.B. 4818)		Complete if Known	
		Application Number	09/690,566	
FEE TRANSMITTAL For FY 2006		Filing Date	October 17, 2000	
		First Named Inventor	Michael P. Lilly, et al.	
Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	Beth Van Doren	
Applicant Gains small entity state	us. See 57 OTR 1.27	Art Unit	3623	
TOTAL AMOUNT OF PAYMENT	(\$) 3410	Attorney Docket No.	119645-00103.118	

METHOD OF PAYMENT (check all that apply)											
Check	Credit Car	rd Mon	ey Order	None	Other	(please iden	ntify):				
Deposit Account	t Denosit	Account Number	02-255	5	 Denosit Accour	nt Name	Blank Ron	ne LLP			
Deposit Account Deposit Account Number: U2-2555 Deposit Account Name: Blank Rome LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments											
under 37 CFR 1.16 and 1.17											
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.											
FEE CALCULATION	N										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES											
	FILING	FEES	SEAR	CH FEES	EXAMIN.	ATION FEES					
Application Type		mall Entity		Small Entity		Small Entity	_				
	(\$) 300	Fee (\$) 150	<u>Fee (\$)</u> 500	<u>Fee (\$)</u> 250	<u>Fee (\$)</u> 200	<u>Fee (\$)</u> 100	<u>Fe</u>	es Paid (\$)			
Utility Design	200	100	100	50	130	65					
Plant	200	100	300	150	160	80					
Reissue	300	150	500	250	600	300					
Provisional	200	100	0	0	0	0					
2. EXCESS CLAIM	FEES							Small Entity			
Fee Description							Fee (\$)	Fee (\$)			
Each claim over 20 (ir	cluding Reis	ssues)					50	25			
Each independent clai	m over 3 (inc	cluding Reissues)				200	100			
Multiple dependent cla	aims						360	180			
Total Claims	_	ctra Claims	Fee (\$)	Fee Paid		ultiple Depende					
45 –33 or HP=highest number of tota	_	12 X	50	= 600	Fe	e (\$) <u>F</u> e	ee Paid (\$)				
Indep. Claims		r, ii greater than 20 ra Claims	Fee (\$)	Fee Paid	(\$)		-				
83 or		5 x	200	= 1000							
HP=highest number of independent claims paid for, if greater than 3											
3. APPLICATION SIZE FEE											
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
4. OTHER FEE(S) Non-English Spec	cification.	\$130 fee (no sr	nall entity disc	count)				rees raid (4)			
Request for Continued Examination & Petition for								1810			
Other: (e.g., late filing surcharge): Extension of Time											
SUBMITTED BY											
Signature		JULE	DAG		Registration No. (Attorney/Agent) Telephone 215-569-5500						
Name (Print/Type)		Bruce D. Ge	orge 🗸	43,63	43,631		Date February 26, 2007				